AFFIDAVIT

Re: _____

I _____, being duly sworn on oath, deposes and states the following:

I am the parent / adoptive parent / guardian legally able to sign for and authorize services for the child/adolescent named above.

Is there any other individual that is legally able to sign for and authorize services for this child? Yes __ No __. If yes, please provide the necessary information:

Name _____ Relationship _____

Address _____Phone _____

Documentation regarding those responsible for the child's healthcare must be provided where there is: Custody Orders Divorce Shared Parenting

The undersigned hereby certifies that the information provided is true and accurate and authorizes Catalyst Life Services, its affiliates, subsidiaries, agents, employees, officers, and representatives to rely on the information herein provided. Further, the undersigned further agrees to waive, release, discharge, save and hold harmless and fully indemnify Catalyst Life Services, its affiliates, subsidiaries, agents, employees, officers, and representatives from any and all claims, demands, causes of actions, loss or injury against Catalyst Life Services, its affiliates, subsidiaries, agents, employees, officers, and representatives in relying on the information provided herein or for those services rendered in reliance on the information provided herein.

The purpose of this form is to allow Catalyst Life Services to perform quality services to the above named individual while observing legal regulations.

SHARED PARENTING PLANS/JOINT CUSTODY (complete this portion when applicable)

I hereby authorize (child's other parent)_____ the unilateral authority to consent to and sign for any and all treatment and services provided by Catalyst Life Services, its affiliates, subsidiaries, agents, employees, officers, and representatives to the child named above. By signing this consent, I hereby recognize that I will not be informed of further treatment or services provided to my child if the above named individual consents to the treatment or services provided.

Signed _____

Sworn and signed in my presence this _____day of _____, 20 _____

Notary Public _____

Notary Expiration Date _____